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PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	10/050,877
Filing Date	01/18/2002
First Named Inventor	Moe Mostashari
Title	
Art Unit	3713
Examiner Name	John M. Hotaling
Attorney Docket Number	MOSTASHARI05-01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Robert Ryan Morshita	42907

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Firm or Individual Name: Morishita Law Firm, LLC

Address: 3800 Howard Hughes Pkwy., Suite 850

City: Las Vegas State: NV Zip: 89109

Country: US

Telephone: 702-222-2113 Fax: 702-227-0615

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/13/05
Name	Moe Mostashari	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/050,877
Filing Date	01/18/2002
First Named Inventor	Moe Mostashari
Art Unit	3713
Examiner Name	John M. Hotaling
Attorney Docket Number	MOSTASHARI05-01

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Morishita Law Firm, LLC
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Address	3800 Howard Hughes Pkwy., Suite 850
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City	Las Vegas
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State	NV
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Zip	89109
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Telephone	702-222-2113	Fax	702-227-0615
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	
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Name	Moe Mostashari
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Date	3/5/2005
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Telephone	
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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